

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Blue Cross Blue Shield of Michigan PAC

ADDRESS (number and street)

602 W. Ionia

☐Check if different
than previously
reported. (ACC)

Lansing

MI

48933

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00084061

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Mark Cook

Signature of Treasurer

Electronically Filed by Mr. Mark Cook

Date

04

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Blue Cross Blue Shield of Michigan PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2010 | 441400.92 |
| (b) Cash on Hand at Beginning of Reporting Period | 441608.41 | |
| (c) Total Receipts (from Line 19) | 132371.26 | 132371.26 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 573979.67 | 573772.18 |
| 7. Total Disbursements (from Line 31) | 133304.38 | 133304.38 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 440675.29 | 440467.80 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Blue Cross Blue Shield of Michigan PAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 0

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 22875.00 | 22875.00 |
| (ii) Unitemized | 109072.38 | 109072.38 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 131947.38 | 131947.38 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 131947.38 | 131947.38 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 423.88 | 423.88 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 132371.26 | 132371.26 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 132371.26 | 132371.26 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 0.00 | 0.00 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 14000.00 | 14000.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 46.00 | 46.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 46.00 | 46.00 | |
| 29. Other Disbursements..... | 119258.38 | 119258.38 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 133304.38 | 133304.38 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 133304.38 | 133304.38 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 131947.38 | 131947.38 |
| 34. Total Contribution Refunds (from Line 28(d)) | 46.00 | 46.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 131901.38 | 131901.38 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 63

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Capitol National Bank

Mailing Address 200 Washington Sq.

City

Lansing

State

MI

Zip Code

48933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.03

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 0

Transaction ID: 31580011

Amount of Each Receipt this Period

135.93

Bank Interest Received

B.

Full Name (Last, First, Middle Initial)

Capitol National Bank

Mailing Address 200 Washington Sq.

City

Lansing

State

MI

Zip Code

48933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.88

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: 31580016

Amount of Each Receipt this Period

147.85

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)

283.78

TOTAL This Period (last page this line number only)

283.78

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 63

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Mark A Mailloux

Mailing Address 19726 Eastwood Dr

City

Harper Wds

State

MI

Zip Code

48225-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

Project Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: 31609719

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$10.00 This changes
the YTD Total to \$10.-
00**B.**

Full Name (Last, First, Middle Initial)

Amy J. Parker

Mailing Address 32718 Grand River
Unit D11

City

Farmington

State

MI

Zip Code

48336-0000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

Team Leader I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: 31609721

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$36.00 This changes
the YTD Total to \$0.00**C.**

Full Name (Last, First, Middle Initial)

Kenneth R Dallafior

Mailing Address 4556 Golf View Dr

City

Brighton

State

MI

Zip Code

48116-9750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

SVP Grp Sls & Corp Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: PR1023392323612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Stephen H Kellar

Mailing Address 23268 Mystic Frst

City

Novi

State

MI

Zip Code

48375-4013

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifeSecure

Occupation

VP & CFO LifeSecure

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1632431223612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kathryn G Levine

Mailing Address 1788 Pierce

City

Birmingham

State

MI

Zip Code

48009-2056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Corp Marktg & Product

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1691486023612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Joseph H Hohner

Mailing Address 2106 Stonebridge Way

City

Canton

State

MI

Zip Code

48188-6227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

SVP Chief of Staff & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1723467723612

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1080.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Richard A Hetzel

Mailing Address 635 McKinley St

City

Plymouth

State

MI

Zip Code

48170-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1793762923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Gary M Harvey

Mailing Address 1835 Robindale

City

Dearborn

State

MI

Zip Code

48128-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Systems Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1794229923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Elizabeth R Haar

Mailing Address 3607 Kipling Cir

City

Howell

State

MI

Zip Code

48843-7444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

SVP Subsidiary Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1794230023612

Amount of Each Receipt this Period

450.00

P/R Deduction (\$75.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Eva L Wendt

Mailing Address 3692 Watuga St

City

Commerce Twp

State

MI

Zip Code

48390-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Subsidiary Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1839247523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Richard Ward

Mailing Address 6710 Riverside Dr E

City

Windsor

State

ON

Zip Code

N8S 1-B9

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Clin Pgms & Med Infomtics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1933690023612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Tricia Keith

Mailing Address 1918 Lloyd Ave

City

Royal Oak

State

MI

Zip Code

48073-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Corporate Secy & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR1933690123612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Sharon Gipson

Mailing Address 33983 Brittany Dr

City

Farmington Hills

State

MI

Zip Code

48335-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

Director Asst Gen Auditor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2139035023612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Jeffrey Connolly

Mailing Address 3650 Bluff Ridge Rd

City

Traverse City

State

MI

Zip Code

49686-8648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP BCBSM&Pres W MI Ops&MGD Car

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2150990723612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Christine Farah

Mailing Address 9000 Fellows Creek Dr

City

Plymouth

State

MI

Zip Code

48170-6354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Middle & Small Grp Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2161841223612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Laurie Westfall

Mailing Address 3100 N Milford Rd

City

Highland

State

MI

Zip Code

48357-3549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
SVP & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2161842423612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Robert Milewski

Mailing Address 59769 Glacier Club Dr

City

Washington Twp

State

MI

Zip Code

48094-2287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
SVP Ops & Health Care Value

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2163136423612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James Lang

Mailing Address 9050 Carter Dr

City

Saline

State

MI

Zip Code

48176-8006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
VP Pharmacy Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212084723612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Darrell Middleton

Mailing Address 5669 Shore Dr

City

Orchard Lake

State

MI

Zip Code

48324-2966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

SVP Bus Effic & Human Perf

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212084823612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

M Goheen

Mailing Address 46655 Pinehurst Cir

City

Northville

State

MI

Zip Code

48168-8488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212084923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Amienne Frenzel

Mailing Address 4591 Covered Bridge

City

Bloomfield Hills

State

MI

Zip Code

48302-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Service Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212103323612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Keith Adkins

Mailing Address 4371 Fieldview

City

Grand Ledge

State

MI

Zip Code

48837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Marketing

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212272523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Linda Barnes

Mailing Address 697 W Lansing Rd

City

Morrice

State

MI

Zip Code

48857

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Service Center

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212272923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Michael Britt

Mailing Address 5439 Timberbend Drive

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President AF Ins Co of America

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212274123612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Lisa Crozier

Mailing Address 7269 Pine Vista

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Occupation

VP, Claims Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212277123612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Alan Gileczek

Mailing Address 7053 N Lake Orchard Drive

City

Gregory

State

MI

Zip Code

48137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Occupation

VP, BD Regional Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212280723612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Steven Hess

Mailing Address 5290 Park Lake Road

City

East Lansing

State

MI

Zip Code

48823-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Occupation

EVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212283023612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Anthony Phillips

Mailing Address 8697 North Hills Ct.

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Chief RO & Chief Actuary

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212292823612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Steven Reynolds

Mailing Address 12416 Golden Oaks Dr

City

Milford

State

MI

Zip Code

48380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, Strtg Pln & Corp Secretary

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212294823612

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ronald Schoen

Mailing Address 121 Swallowtail Lane

City

Okemos

State

MI

Zip Code

48864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

EVP, & Chief Financial Officer

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212296323612

Amount of Each Receipt this Period

300.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

870.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Michael Sekoni

Mailing Address 16590 Broadview Dr.

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP, & General Auditor

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2212297023612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

John Edwards

Mailing Address 4620 Admiral Dr

City

Sterling Hts

State

MI

Zip Code

48310-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP Business Intelligence

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2225246923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Equilla Wainwright

Mailing Address 200 River Place
Unit 11

City

Detroit

State

MI

Zip Code

48207-4397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP Diversity & Comm Respon

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2225249923612

Amount of Each Receipt this Period

225.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Lynda Rossi

Mailing Address 1066 Foxborough Dr

City

Williamston

State

MI

Zip Code

48895-9206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Soc Mis Pub Affrs&Ofc of Pr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR225250923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark Owen

Mailing Address 188 N Glenhurst Dr

City

Bloomfield Hills

State

MI

Zip Code

48301-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Federal & Individual Bus

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2250308123612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Richard Znidarsic

Mailing Address 14970 Forest Hill Road

City

Grand Ledge

State

MI

Zip Code

48837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accident Fund Insurance
Company of Ame

Occupation

VP, Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2259845523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Paul Mozak

Mailing Address 22552 Havergale St

City

Novi

State

MI

Zip Code

48374-3792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2374879323612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Darcy Lake Kerr

Mailing Address 10700 Sunfield Road

City

Sunfield

State

MI

Zip Code

48890

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR2445045223612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Mary A Smith

Mailing Address 10058 King Rd

City

Davisburg

State

MI

Zip Code

48350-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
VP Utilization Mgt & Prog Supt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824755623612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

James E Negro

Mailing Address 5270 Inverrary Ln

City

Commrce Twp

State

MI

Zip Code

48382-1048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

Director Sales Infrm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824782023612

Amount of Each Receipt this Period

210.00

P/R Deduction (\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Mark A Cook

Mailing Address 1121 Lone Oak Dr

City

Mason

State

MI

Zip Code

48854-8714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Governmental Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824787523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Jeffrey P Rumley

Mailing Address 1750 Vernier
Apt 10

City

Grosse Pointe Wood

State

MI

Zip Code

48236-1572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP and General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824792323612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 63

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Gregory W Anderson

Mailing Address 37161 Chesapeake

City

Farmington Hills

State

MI

Zip Code

48335-1142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Corp & Financial Invest

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: PR824797423612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Linda L Garrison

Mailing Address 5536 Victory Circle

City

Sterling Heights

State

MI

Zip Code

48310-7700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Ford & Chrysler Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: PR824846023612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Brian D Armstrong

Mailing Address 1363 North Creek Dr

City

Wixom

State

MI

Zip Code

48393-1638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Group Sales Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: PR824856023612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Rick V Morrone

Mailing Address 3751 Parker

City

Dearborn

State

MI

Zip Code

48124-3557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP GM/Delphi Control Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824857523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Gary R Gavin

Mailing Address 23784 Wintergreen

City

Novi

State

MI

Zip Code

48374-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Key & Large Group Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824862123612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Janet P Macqueen

Mailing Address 3214 Chesapeake Dr

City

String Hts

State

MI

Zip Code

48314-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Chief Info Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824899523612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

John C Golding

Mailing Address 42211 Garfield Rd
Apt 136

City State Zip Code
Clinton Township MI 48038-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
Sr Dir IT Systems Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824919523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Carolynn Walton

Mailing Address 5835 Pinecroft Dr.

City State Zip Code
W Blmfld MI 48322-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
VP & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824936223612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Audrey J Harvey

Mailing Address 25465 Waycross

City State Zip Code
Southfld MI 48034-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824951323612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Ronald Wood

Mailing Address 29225 Lake Park

City

Farmington Hills

State

MI

Zip Code

48331-2661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824959723612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

John J Dunn

Mailing Address 3153 Davenport

City

Rochester Hills

State

MI

Zip Code

48309-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Middle & Small Grp Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR824968523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Seth A Crawford

Mailing Address 28736 Stonewall Court

City

Novi

State

MI

Zip Code

48377-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Underwriting & Actuarial Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825011223612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Chris J Maier

Mailing Address 6061 Middle Lake Rd

City

Clarkston

State

MI

Zip Code

48346-2047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Claims & Enrollment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825018923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kimberly A Jones-Schneider

Mailing Address 1219 Chelsea Blvd

City

Oxford

State

MI

Zip Code

48371-6729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825033523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Susan L Barkell

Mailing Address 8171 Brookville Rd

City

Plymouth

State

MI

Zip Code

48170-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

SVP Health Care Value

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825163223612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

James D Bridges

Mailing Address P.O. Box 2252

City

Southfield

State

MI

Zip Code

48037-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825213923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Kevin L Seitz

Mailing Address 4342 Thoreson

City

Maple City

State

MI

Zip Code

49664-8766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

EVP Hlth Care Value Enhancemnt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825273023612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Kim E Sorget

Mailing Address 620 Hollywood Ave

City

Grs Pt Wds

State

MI

Zip Code

48236-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Prov Cont & Fac & Anc Pymt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825273823612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 63

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Jeanne H Carlson

Mailing Address 30847 Palmer Dr

City

Novi

State

MI

Zip Code

48377-4520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

SVP Subsidiary Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: PR825274223612

Amount of Each Receipt this Period

240.00

P/R Deduction (\$60.00 Bi-
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Michele A Samuels

Mailing Address 29203 Bradmoor Ct

City

Farmington Hills

State

MI

Zip Code

48334-3270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Gnrl Aud & Corp Compli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: PR825274423612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mark R Bartlett

Mailing Address 49546 Hollywood Dr

City

Canton

State

MI

Zip Code

48187-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

EVP CFO & Pres Emerg Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: PR825274623612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Robert W Kasperek

Mailing Address 34796 Bretton

City

Livonia

State

MI

Zip Code

48152-4047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Deputy Gen Cnsl Reg Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825274823612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Michelle L Gaggini

Mailing Address 18515 Country Club Ct.

City

Riverview

State

MI

Zip Code

48192-8161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Federal Business Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825275523612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Ira Strumwasser

Mailing Address 5076 Scio Church Rd

City

Ann Arbor

State

MI

Zip Code

48103-9636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP BCBSM Foundation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825276023612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

John G Fitzpatrick

Mailing Address 44491 Wright Way

City

Novi

State

MI

Zip Code

48375-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
VP Autos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825276323612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Thomas L Simmer

Mailing Address 4975 S Ridgeside Circle

City

Ann Arbor

State

MI

Zip Code

48105-9447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
SVP & CMO Health Care Value

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825276523612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Daniel J Loepp

Mailing Address 1720 Washington Blvd

City

Birmingham

State

MI

Zip Code

48009-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825276623612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Laura S Marble

Mailing Address 1880 Golf Ridge Dr S

City

Bloomfield Townshi

State

MI

Zip Code

48302-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP MI Delivery System&Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825276923612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Carla M Chambers

Mailing Address 39660 Dun Rovin Dr

City

Northville

State

MI

Zip Code

48168-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Hlth & Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825426423612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Joan M Morehead

Mailing Address 4240 Sebring Ln

City

White Lake

State

MI

Zip Code

48383-1381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP BCN Corp & Fin Svs Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825464123612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Gail Ross

Mailing Address 322 E Harrison Ave
Unit 26

City State Zip Code
Royal Oak MI 48067-3284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
VP Customer Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825464323612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Elana S Kozik

Mailing Address 13109 Vernon

City State Zip Code
Hunting Wds MI 48070-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
VP Prod/Proc Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825464423612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

C.

Full Name (Last, First, Middle Initial)

Susan A Kluge

Mailing Address 10795 Stoney Point Dr

City State Zip Code
South Lyon MI 48178-9820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation
SVP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825464623612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Kevin J Klobucar

Mailing Address 7299 Talonna Trl

City

Fowlerville

State

MI

Zip Code

48836-8263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP BCBSM & PRESIDENT BCN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825464723612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Alison D Pollard

Mailing Address 170 Orchard St

City

Chelsea

State

MI

Zip Code

48118-1052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Provider Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825464823612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Carl E Siebers

Mailing Address 232 Quail Ridge

City

Ada

State

MI

Zip Code

49301-8778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Occupation

VP Claims Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825464923612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

David R Nelson

Mailing Address 23928 Devonshire Dr

City

Novi

State

MI

Zip Code

48374-3758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

VP and Chief Actuary

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825465323612

Amount of Each Receipt this Period

270.00

P/R Deduction (\$45.00 Bi-
Weekly)

B.

Full Name (Last, First, Middle Initial)

Marc D Keshishian

Mailing Address 30498 Fox Club Dr

City

Farmington Hills

State

MI

Zip Code

48331-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Cross Blue Shield of
Michigan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

SVP & Chief Medical Officer

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: PR825465523612

Amount of Each Receipt this Period

360.00

P/R Deduction (\$60.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

22875.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)
Mccotter Congressional Committee

Mailing Address P. O. Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement
Void - Mccotter Congressional Committee

Candidate Name
Rep. Thaddeus McCotter

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 11

Transaction ID: 31267597

Date of Disbursement

01 / 31 / 2010

Amount of Each Disbursement this Period

-1000.00

Void - Mccotter Congressi-
onal Committee

B. Full Name (Last, First, Middle Initial)
Building Relationships in Diverse Geographic Environmen-
ts PAC (BRIDGE PAC)

Mailing Address 499 South Capitol Street SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions to Federal PACs

Candidate Name
Building Relationships in Diverse Geographic Envir-
onments PAC (BRIDGE PAC)

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31580639

Date of Disbursement

01 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

Contributions to Federal
PACs

C. Full Name (Last, First, Middle Initial)
Boucher For Congress Committee

Mailing Address PO Box 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Rick Boucher

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

Transaction ID: 31580889

Date of Disbursement

02 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

Contributions to Federal
Candidates

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)
Levin For Congress Committee

Mailing Address P.O. Box 1092

City Warren State MI Zip Code 48092

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Sander Levin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 31580891

Date of Disbursement

03 / 09 / 2010

Amount of Each Disbursement this Period

2000.00

Contributions to Federal
Candidates

B. Full Name (Last, First, Middle Initial)
America's Leadership PAC

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal PACs

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31580894

Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

5000.00

Contributions to Federal
PACs

C. Full Name (Last, First, Middle Initial)
John D Dingell For Congress Committee

Mailing Address 607 Fourteenth Street Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Dingell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 16

Transaction ID: 31580895

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

2000.00

Contributions to Federal
Candidates

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 63

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Rogers For Congress | Transaction ID: 31580896 Date of Disbursement |
| Mailing Address Post Office Box 581 Post Office Box 581 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 6 / 2 0 1 0</div> </div> |
| City Brighton State MI Zip Code 48116 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contributions to Federal Candidates | <div>1000.00</div> |
| Candidate Name Rep. Michael Rogers | <div>011</div> Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Contributions to Federal Candidates | |
| B. Full Name (Last, First, Middle Initial) Upton For All Of Us | Transaction ID: 31580909 Date of Disbursement |
| Mailing Address PO Box 490 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 1 0</div> </div> |
| City St Joseph State MI Zip Code 49085 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contributions to Federal Candidates | <div>1000.00</div> |
| Candidate Name Rep. Fred Upton | <div>011</div> Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Contributions to Federal Candidates | |
| C. Full Name (Last, First, Middle Initial) Candice Miller for Congress | Transaction ID: 31580911 Date of Disbursement |
| Mailing Address P.O. Box 791 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 1 0</div> </div> |
| City Mt. Clemens State MI Zip Code 48046 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contributions to Federal Candidates | <div>1000.00</div> |
| Candidate Name Candice Miller | <div>011</div> Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Contributions to Federal Candidates | |

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Mccotter Congressional Committee

Mailing Address P. O. Box 530788

City
Livonia

State
MI

Zip Code
48153

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Thaddeus McCotter

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 11

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 31580912

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

Contributions to Federal
Candidates

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

14000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 63

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Capitol National Bank

Mailing Address 200 Washington Sq.

City
Lansing

State
MI

Zip Code
48933

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31580637

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

11.97

Bank Fees

B.

Full Name (Last, First, Middle Initial)

Friends of Charles Pugh

Mailing Address PO Box 441035

City
Detroit

State
MI

Zip Code
48244

Purpose of Disbursement
Charles Pugh, Detroit City Council MI

Candidate Name
Charles Pugh

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 31580915

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

2500.00

Charles Pugh, Detroit City
Council MI

C.

Full Name (Last, First, Middle Initial)

Virg Bernero for Lansing

Mailing Address 2200 E. Michigan Ave.

City
Lansing

State
MI

Zip Code
48912

Purpose of Disbursement
Virg Bernero, Mayor MI

Candidate Name
Virg Bernero

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 31580920

Date of Disbursement

01 / 22 / 2010

Amount of Each Disbursement this Period

2400.00

Virg Bernero, Mayor MI

SUBTOTAL of Disbursements This Page (optional)

4911.97

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 / 63

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Mike Bouchard for Governor

Mailing Address PO Box 1433

City
Royal OakState
MIZip Code
48068Purpose of Disbursement
Michael Bouchard, Governor MICandidate Name
Michael J Bouchard011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31580924

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 4 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

24000.00

Michael Bouchard, Governor
MI**B.**

Full Name (Last, First, Middle Initial)

Bill Schuette for Attorney General

Mailing Address PO Box 27188

City
LansingState
MIZip Code
48909Purpose of Disbursement
Bill Schuette, Attorney General MICandidate Name
Bill Schuette011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31580925

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

10000.00

Bill Schuette, Attorney
General MI**C.**

Full Name (Last, First, Middle Initial)

Andy Dillon for Michigan

Mailing Address 7017 Stommel Court

City
YpsilantiState
MIZip Code
48198Purpose of Disbursement
Andy Dillon, Governor MICandidate Name
Andy Dillon011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31580933

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 7 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

10000.00

Andy Dillon, Governor MI

SUBTOTAL of Disbursements This Page (optional)

44000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Virg Bernero for Michigan | Transaction ID: 31580936 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 10067 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 9 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 1 | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Lansing State MI Zip Code 48901 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Virgil Bernero, Governor MI | <table border="1"> <tr> <td>10000.00</td> </tr> </table> | 10000.00 | | | | | | | | | | | | | | | | | | | |
| 10000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Virgil P Bernero | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Virgil Bernero, Governor MI | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Woodrow Stanley Leadership PAC | Transaction ID: 31580938 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 441 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 6 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 6 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Flint State MI Zip Code 48504 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to State PACs | <table border="1"> <tr> <td>250.00</td> </tr> </table> | 250.00 | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Contributions to State PACs | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Friends to elect Bert Johnson | Transaction ID: 31580940 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 36 Eason St. | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 0 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 1 | | 2 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Highland Pk. State MI Zip Code 48203 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Bert Johnson, STATE HOUSE 5th MI | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Bert Johnson | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 05 | Bert Johnson, STATE HOUSE 5th MI | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

11250.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Melton for Michigan

Mailing Address 2285 Snell Brook

City
Auburn HillsState
MIZip Code
48236Purpose of Disbursement
Contributions to State PACs

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31580941

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 3 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

Contributions to State PA-
Cs**B.**

Full Name (Last, First, Middle Initial)

Friends of Ed Clemente

Mailing Address 1704 Riverbank

City
Lincoln ParkState
MIZip Code
48146Purpose of Disbursement
Ed Clemente, STATE HOUSE 14th MICandidate Name
Ed Clemente

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 14

Transaction ID: 31580942

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 0 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

600.00

Ed Clemente, STATE HOUSE
14th MI**C.**

Full Name (Last, First, Middle Initial)

Friends of Mary Valentine

Mailing Address P.O. Box 421

City
MuskegonState
MIZip Code
49441Purpose of Disbursement
Mary Valentine, STATE HOUSE 91st MICandidate Name
MI Rep. Mary Valentine

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 91

Transaction ID: 31580943

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 7 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

Mary Valentine, STATE HOU-
SE 91st MI

SUBTOTAL of Disbursements This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Friends of Kate Segal | Transaction ID: 31580946 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 108 Pinehurst Lane | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 7 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 7 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code Battle Creek MI 49015 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Kate Segal, STATE HOUSE 62nd MI | <table border="1"> <tr> <td>500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Kate Segal | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 62 | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Kate Segal, STATE HOUSE 62nd MI | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Meadows Majority Fund | Transaction ID: 31580967 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 4041 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 7 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 1 | 7 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code East Lansing MI 48826 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to State PACs | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contributions to State PA- Cs | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Meadows Majority Fund | Transaction ID: 31580993 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. Box 4041 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 0 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code East Lansing MI 48826 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to State PACs | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contributions to State PA- Cs | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Jeff Mayes

Mailing Address 4297 Zander Dr.

City
Bay City

State
MI

Zip Code
48706

Purpose of Disbursement

Jeff Mayes, STATE HOUSE 96th MI

Candidate Name
Jeff Mayes

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 96

Transaction ID: 31581051

Date of Disbursement

02 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

Jeff Mayes, STATE HOUSE
96th MI

B.

Full Name (Last, First, Middle Initial)

Friends of Richard Hammel

Mailing Address 6343 W. Clovis

City
Flushing

State
MI

Zip Code
48433

Purpose of Disbursement

Richard Hammel, STATE HOUSE 48th MI

Candidate Name
Richard Hammel

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 48

Transaction ID: 31581112

Date of Disbursement

02 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

Richard Hammel, STATE HOU-
SE 48th MI

C.

Full Name (Last, First, Middle Initial)

Jennifer Haase for State Representative

Mailing Address 34886 Maplewood Lane

City
Richmond

State
MI

Zip Code
48062

Purpose of Disbursement

Jennifer Haase, STATE HOUSE 32nd MI

Candidate Name
Jennifer Haase

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 32

Transaction ID: 31581191

Date of Disbursement

02 / 23 / 2010

Amount of Each Disbursement this Period

500.00

Jennifer Haase, STATE HOU-
SE 32nd MI

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)
Committee to Elect Kathy Angerer

Mailing Address P.O. Box 157

City State Zip Code
Dundee MI 48131

Purpose of Disbursement
Kathy Angerer, STATE HOUSE 55th MI

Candidate Name
MI Rep. Kathy Angerer

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 55

Transaction ID: 31581528

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Amount of Each Disbursement this Period

500.00

Kathy Angerer, STATE HOUSE
55th MI

B. Full Name (Last, First, Middle Initial)
Committee to Elect Robert B. Jones

Mailing Address P.O. Box 2045

City State Zip Code
Kalamazoo MI 49003

Purpose of Disbursement
Robert Jones, STATE HOUSE 60th MI

Candidate Name
Robert B Jones

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 60

Transaction ID: 31581583

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Amount of Each Disbursement this Period

400.00

Robert Jones, STATE HOUSE
60th MI

C. Full Name (Last, First, Middle Initial)
Committee to Elect Janna K. Garrison

Mailing Address 26910 Fairfield

City State Zip Code
Southfield MI 48076

Purpose of Disbursement
Janna Garrison, Councilwoman MI

Candidate Name
Janna K Garrison

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: 31584332

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 0

Amount of Each Disbursement this Period

500.00

Janna Garrison, Councilwo-
man MI

SUBTOTAL of Disbursements This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 63

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Switalski Victory Fund

Mailing Address 31705 Forest Lane

City
Warren

State
MI

Zip Code
48093

Purpose of Disbursement
Contributions to State PACs

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31584334

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

Contributions to State PA-
Cs

B.

Full Name (Last, First, Middle Initial)

Committee to Elect Judy A Nerat for State Rep

Mailing Address N4834 R 1 Drive

City
Wallace

State
MI

Zip Code
49893

Purpose of Disbursement
Judy Nerat, STATE HOUSE 108th MI

Candidate Name
Judy Nerat

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 31584335

Date of Disbursement

03 / 02 / 2010

Amount of Each Disbursement this Period

600.00

Judy Nerat, STATE HOUSE
108th MI

C.

Full Name (Last, First, Middle Initial)

Friends to Elect Dian Slavens

Mailing Address PO Box 87212

City
Canton

State
MI

Zip Code
48187

Purpose of Disbursement
Dian Slavens, STATE HOUSE 21st MI

Candidate Name
Dian Slavens

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 21

Transaction ID: 31584336

Date of Disbursement

03 / 02 / 2010

Amount of Each Disbursement this Period

500.00

Dian Slavens, STATE HOUSE
21st MI

SUBTOTAL of Disbursements This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)
Dan Scripps ReNew Michigan PAC

Mailing Address PO Box 885

City Northport State MI Zip Code 49670

Purpose of Disbursement
Daniel Scripps, STATE HOUSE 101st MI

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31584337

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

500.00

Daniel Scripps, STATE HOUSE 101st MI

B. Full Name (Last, First, Middle Initial)
Bob Constan for State Representative

Mailing Address 5527 Heather Lane

City Dearborn Hts. State MI Zip Code 48125

Purpose of Disbursement
Bob Constan, STATE HOUSE 16th MI

Candidate Name

Bob Constan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 16

Transaction ID: 31584338

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

600.00

Bob Constan, STATE HOUSE 16th MI

C. Full Name (Last, First, Middle Initial)
Friends of Gabe Leland

Mailing Address 10025 Ashton

City Detroit State MI Zip Code 48228

Purpose of Disbursement
Gabe Leland, STATE HOUSE 10th MI

Candidate Name

Gabe Leland

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 10

Transaction ID: 31584339

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

400.00

Gabe Leland, STATE HOUSE 10th MI

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Lisa Brown

Mailing Address PO Box 251532

City
West Bloomfield

State
MI

Zip Code
48325

Purpose of Disbursement

Lisa Brown, STATE HOUSE 39th MI

Candidate Name
Lisa Brown

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 39

Transaction ID: 31584340

Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

500.00

Lisa Brown, STATE HOUSE
39th MI

B.

Full Name (Last, First, Middle Initial)

Douglas A. Geiss for State Representative

Mailing Address 25680 Greenlawn

City
Taylor

State
MI

Zip Code
48180

Purpose of Disbursement

Douglas Geiss, STATE HOUSE 22nd MI

Candidate Name
Douglas A Geiss

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 22

Transaction ID: 31584341

Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

500.00

Douglas Geiss, STATE HOUSE
22nd MI

C.

Full Name (Last, First, Middle Initial)

Martin Griffin for State Representative

Mailing Address 705 S. Grinnell

City
Jackson

State
MI

Zip Code
49203

Purpose of Disbursement

Martin Griffin, STATE HOUSE 64th MI

Candidate Name
MI Rep. Martin Griffin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 64

Transaction ID: 31584342

Date of Disbursement

03 / 16 / 2010

Amount of Each Disbursement this Period

300.00

Martin Griffin, STATE HOU-
SE 64th MI

SUBTOTAL of Disbursements This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)
Sarah Roberts for State Representative

Mailing Address PO Box 643

City State Zip Code
St Clair Shores MI 48080

Purpose of Disbursement
Sarah Roberts, STATE HOUSE 24th MI

Candidate Name
Sarah B Roberts

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 24

Transaction ID: 31584343

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

500.00

Sarah Roberts, STATE HOUSE
24th MI

B. Full Name (Last, First, Middle Initial)
Friends of Deb Kennedy

Mailing Address 19034 Seaton Drive

City State Zip Code
Brownstown MI 48193

Purpose of Disbursement
Deb Kennedy, STATE HOUSE 23rd MI

Candidate Name
Deb Kennedy

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 23

Transaction ID: 31584344

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

500.00

Deb Kennedy, STATE HOUSE
23rd MI

C. Full Name (Last, First, Middle Initial)
Barb Byrum for State Representative

Mailing Address P.O. Box 27344

City State Zip Code
Lansing MI 48909

Purpose of Disbursement
Barb Byrum, STATE HOUSE 67th MI

Candidate Name
Barb Byrum

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 67

Transaction ID: 31584345

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

Barb Byrum, STATE HOUSE
67th MI

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Lee Gonzales Team

Mailing Address 2460 Murphy

City
Flint

State
MI

Zip Code
48504

Purpose of Disbursement

Lee Gonzales, STATE HOUSE 49th MI

Candidate Name
Lee Gonzales

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 49

Transaction ID: 31584346

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

500.00

Lee Gonzales, STATE HOUSE
49th MI

B.

Full Name (Last, First, Middle Initial)

Friends of Roy Schmidt

Mailing Address 1127 Vaness NW

City
Grand Rapids

State
MI

Zip Code
49504

Purpose of Disbursement

Roy Schmidt, STATE HOUSE 76th MI

Candidate Name
Roy Schmidt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 76

Transaction ID: 31584347

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

Roy Schmidt, STATE HOUSE
76th MI

C.

Full Name (Last, First, Middle Initial)

Committee to Elect David Nathan

Mailing Address 18701 Grand River
#270

City
Detroit

State
MI

Zip Code
48223

Purpose of Disbursement

David Nathan, STATE HOUSE 11th MI

Candidate Name
David Nathan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 11

Transaction ID: 31584348

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

500.00

David Nathan, STATE HOUSE
11th MI

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Rashida Tlaib

Mailing Address PO Box 9380

City
Detroit

State
MI

Zip Code
48209

Purpose of Disbursement

Rashida Tlaib, STATE HOUSE 12th MI

Candidate Name

Rashida Tlaib

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2009

☐ Primary

☒ General

☐ Other (specify) ▼

State: MI

District: 12

Transaction ID: 31584349

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

400.00

Rashida Tlaib, STATE HOUSE
12th MI

B.

Full Name (Last, First, Middle Initial)

Committee to Elect Gail Haines

Mailing Address PO Box 301085

City
Waterford

State
MI

Zip Code
48330

Purpose of Disbursement

Gail Haines, STATE HOUSE 43rd MI

Candidate Name

Gail Haines

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2009

☐ Primary

☒ General

☐ Other (specify) ▼

State: MI

District: 43

Transaction ID: 31584350

Date of Disbursement

02 / 25 / 2010

Amount of Each Disbursement this Period

300.00

Gail Haines, STATE HOUSE
43rd MI

C.

Full Name (Last, First, Middle Initial)

Committee to Elect Larry DeShazor

Mailing Address 3082 Muirfield Drive

City
Portage

State
MI

Zip Code
49024

Purpose of Disbursement

Larry DeShazor, STATE HOUSE 61st MI

Candidate Name

Larry DeShazor

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2009

☐ Primary

☒ General

☐ Other (specify) ▼

State: MI

District: 61

Transaction ID: 31584351

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

500.00

Larry DeShazor, STATE HOU-
SE 61st MI

SUBTOTAL of Disbursements This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

House Republican Campaign Committee

Mailing Address P.O. Box 15035

City
Lansing

State
MI

Zip Code
48901

Purpose of Disbursement
Contributions to State PACs

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31584352

Date of Disbursement

02 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

Contributions to State PA-
Cs

B.

Full Name (Last, First, Middle Initial)

Jud Gilbert for State House

Mailing Address 1414 St Clair River Dr

City
Algonac

State
MI

Zip Code
48001

Purpose of Disbursement
Jud Gilbert, STATE HOUSE MI

Candidate Name
Jud S Gilbert

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 00

Disbursement For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 31584353

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

500.00

Jud Gilbert, STATE HOUSE
MI

C.

Full Name (Last, First, Middle Initial)

Cindy Denby for State Rep Comm

Mailing Address 9787 Amanda Drive

City
Fowlerville

State
MI

Zip Code
48836

Purpose of Disbursement
Cindy Denby, STATE HOUSE 47th MI

Candidate Name
Cindy Denby

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 47

Disbursement For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 31584354

Date of Disbursement

01 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

Cindy Denby, STATE HOUSE
47th MI

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)
Bill Caul for State Representative

Mailing Address P.O. Box 384

City State Zip Code
Mt. Pleasant MI 48804Purpose of Disbursement
Bill Caul, STATE HOUSE 99th MICandidate Name
Bill Caul011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 99

Transaction ID: 31584355

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 0

Amount of Each Disbursement this Period

300.00

Bill Caul, STATE HOUSE 99-
th MI**B.** Full Name (Last, First, Middle Initial)
Bob Genetski for State Representative

Mailing Address 787 Pine Ave

City State Zip Code
Holland MI 49423Purpose of Disbursement
Robert Genetski, STATE HOUSE 88th MICandidate Name
Robert J Genetski011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 88

Transaction ID: 31584356

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 0

Amount of Each Disbursement this Period

250.00

Robert Genetski, STATE HO-
USE 88th MI**C.** Full Name (Last, First, Middle Initial)
Friends of Eileen Kowall

Mailing Address 2333 Cumberland Road

City State Zip Code
White Lake MIPurpose of Disbursement
Eileen Kowall, STATE HOUSE 44th MICandidate Name
Eileen Kowall011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 44

Transaction ID: 31584357

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 0

Amount of Each Disbursement this Period

300.00

Eileen Kowall, STATE HOUSE
44th MI

SUBTOTAL of Disbursements This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Haveman House Fund

Mailing Address PO Box 457

City
ZeelandState
MIZip Code
49464Purpose of Disbursement
Contributions to State PACs

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31584358

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 4 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

250.00

Contributions to State PA-
Cs**B.**

Full Name (Last, First, Middle Initial)

The Great Southwest Fund

Mailing Address P.O. Box 14081

City
LansingState
MIZip Code
48901Purpose of Disbursement
Contributions to State PACs

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31584359

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

400.00

Contributions to State PA-
Cs**C.**

Full Name (Last, First, Middle Initial)

Committee to Elect Mike Lahti

Mailing Address 400 Elevation St.

City
HancockState
MIZip Code
49330Purpose of Disbursement
Mike Lahti, STATE HOUSE 110th MICandidate Name
Mike Lahti

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

State: MI District: 10

Disbursement For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 31584360

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

Mike Lahti, STATE HOUSE
110th MI

SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Committee to Elect Goeff Hansen

Mailing Address P.O. Box 167

City
HartState
MIZip Code
49420

Purpose of Disbursement

Goef Hansen, STATE HOUSE 100th MI

Candidate Name
Goef Hansen

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 00

Transaction ID: 31584361

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

Goef Hansen, STATE HOUSE
100th MI**B.**

Full Name (Last, First, Middle Initial)

Friends of Wayne Schmidt

Mailing Address PO Box 25

City
Traverse CityState
MIZip Code
49685

Purpose of Disbursement

Wayne Schmidt, STATE HOUSE 104th MI

Candidate Name
Wayne Schmidt

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 31584362

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 6 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

Wayne Schmidt, STATE HOUSE
104th MI**C.**

Full Name (Last, First, Middle Initial)

Friends of Hugh D Crawford

Mailing Address 46275 Eleven Mile Road

City
NoviState
MIZip Code
48374

Purpose of Disbursement

Hugh Crawford, STATE HOUSE 38th MI

Candidate Name
Hugh D Crawford

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 38

Transaction ID: 31584364

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 8 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

450.00

Hugh Crawford, STATE HOUSE
38th MI

SUBTOTAL of Disbursements This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Forward Michigan | Transaction ID: 31584365 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1616 S. Lansing | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 1 | 8 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 1 | 8 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code St. Johns MI 48879 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contributions to State PACs Candidate Name | <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Friends of Jim Stamas | Transaction ID: 31584366 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 5915 Eastman Ave Ste 100 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 3 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 2 | 3 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code Midland MI 48640 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement James Stamas, STATE HOUSE 98th MI Candidate Name James Nickolas Stamas | <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 98 | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Pam Byrnes for State Representative | Transaction ID: 31584367 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 17381 N. M-52 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 4 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City State Zip Code Chelsea MI 48118 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Pamela Byrnes, STATE HOUSE 52nd MI Candidate Name MI Rep. Pamela Byrnes | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 52 | Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)
Committee to Elect Virgil Smith State Senator

Mailing Address 20445 Sheffield

City Detroit State MI Zip Code 48221

Purpose of Disbursement
Virgil Smith, STATE SENATE 4th MI

Candidate Name
Virgil Smith

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31584368

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

2500.00

Virgil Smith, STATE SENATE
4th MI

B. Full Name (Last, First, Middle Initial)
Committee to Elect Virgil Smith State Senator

Mailing Address 20445 Sheffield

City Detroit State MI Zip Code 48221

Purpose of Disbursement
Virgil Smith, STATE SENATE 4th MI

Candidate Name
Virgil Smith

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31584371

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

1000.00

Virgil Smith, STATE SENATE
4th MI

C. Full Name (Last, First, Middle Initial)
Gilda Jacobs for Senate

Mailing Address 8353 Hendrie Blvd.

City Huntington Woods State MI Zip Code 48070

Purpose of Disbursement
Gilda Jacobs, STATE SENATE 14th MI

Candidate Name
Gilda Jacobs

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31590508

Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

Gilda Jacobs, STATE SENATE
14th MI

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Deb Cherry Committee

Mailing Address 2124 S. Belsay Rd.

City State Zip Code
Burton MI 48519

Purpose of Disbursement
Deb Cherry, STATE SENATE 26th MI

Candidate Name
Deb Cherry

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31590674

Date of Disbursement

02 / 16 / 2010

Amount of Each Disbursement this Period

1500.00

Deb Cherry, STATE SENATE
26th MI

B.

Full Name (Last, First, Middle Initial)

Tupac Hunter for State Senate

Mailing Address 24461 Pembroke Ave.

City State Zip Code
Detroit MI 48219

Purpose of Disbursement
Tupac Hunter, STATE SENATE 5th MI

Candidate Name
Tupac Hunter

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31590797

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

400.00

Tupac Hunter, STATE SENATE
5th MI

C.

Full Name (Last, First, Middle Initial)

Hansen Clarke for Senate

Mailing Address 243 Congress
Suite350

City State Zip Code
Detroit MI 48226

Purpose of Disbursement
Hansen Clarke, STATE HOUSE 7th MI

Candidate Name
Representa Hansen Clarke

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 31590875

Date of Disbursement

03 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

Hansen Clarke, STATE HOUSE
7th MI

SUBTOTAL of Disbursements This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for John J. Gleason

Mailing Address 2617 Macomber

City
Flint

State
MI

Zip Code
48503

Purpose of Disbursement

John Gleason, STATE SENATE 27th MI

Candidate Name

John Gleason

011
Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2009

☐ Primary

☒ General

☐ Other (specify) ▼

State: MI

District:

Transaction ID: 31590956

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

350.00

John Gleason, STATE SENATE
27th MI

B.

Full Name (Last, First, Middle Initial)

Senate Democratic Fund

Mailing Address P.O. box 111

City
Lansing

State
MI

Zip Code
48909

Purpose of Disbursement

Contributions to State PACs

Candidate Name

011
Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: 31591061

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

10000.00

Contributions to State PA-
Cs

C.

Full Name (Last, First, Middle Initial)

Rick Jones for State Senate

Mailing Address P O BOX 115

City
Grand Ledge

State
MI

Zip Code
48837

Purpose of Disbursement

Rick Jones, STATE SENATE 24th MI

Candidate Name

Rick Jones

011
Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2009

☐ Primary

☒ General

☐ Other (specify) ▼

State: MI

District:

Transaction ID: 31591160

Date of Disbursement

01 / 04 / 2010

Amount of Each Disbursement this Period

400.00

Rick Jones, STATE SENATE
24th MI

SUBTOTAL of Disbursements This Page (optional)

10750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A. Full Name (Last, First, Middle Initial)
Citizens to Elect Bruce Patterson - Senate

Mailing Address 42479 Redfern

City Canton State MI Zip Code 48187

Purpose of Disbursement
Bruce Patterson, STATE SENATE 7th MI

Candidate Name
Bruce Patterson

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31591304

Date of Disbursement

01 / 29 / 2010

Amount of Each Disbursement this Period

1050.00

Bruce Patterson, STATE SE-
NATE 7th MI

B. Full Name (Last, First, Middle Initial)
Michigan Values Leadership Fund

Mailing Address 201 Townsend

City Lansing State MI Zip Code 48933

Purpose of Disbursement
Contributions to State PACs

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Transaction ID: 31591689

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

500.00

Contributions to State PA-
Cs

C. Full Name (Last, First, Middle Initial)
Friends of Roger Kahn for Senate

Mailing Address PO Box 1627

City Saginaw State MI Zip Code 48605

Purpose of Disbursement
Roger Kahn, STATE SENATE 32nd MI

Candidate Name
Roger Kahn

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31591800

Date of Disbursement

02 / 09 / 2010

Amount of Each Disbursement this Period

900.00

Roger Kahn, STATE SENATE
32nd MI

SUBTOTAL of Disbursements This Page (optional)

2450.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

McManus for Senate

Mailing Address 7883 E. Alpers

City Lake Lelanau State MI Zip Code 49653

Purpose of Disbursement
Michelle McManus, STATE SENATE 35th MICandidate Name
Michelle McManus011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31591942

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 0

Amount of Each Disbursement this Period

450.00

Michelle McManus, STATE
SENATE 35th MI**B.**

Full Name (Last, First, Middle Initial)

Citizens to Elect Bruce Patterson - Senate

Mailing Address 42479 Redfern

City Canton State MI Zip Code 48187

Purpose of Disbursement
Bruce Patterson, STATE SENATE 7th MICandidate Name
Bruce Patterson011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31592015

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 0

Amount of Each Disbursement this Period

750.00

Bruce Patterson, STATE SE-
NATE 7th MI**C.**

Full Name (Last, First, Middle Initial)

Stamas for State Senate

Mailing Address P.O. Box 153

City Midland State MI Zip Code 48640

Purpose of Disbursement
Tony Stamas, STATE SENATE 36th MICandidate Name
Representa Tony Stamas011
Category/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31592082

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

Tony Stamas, STATE SENATE
36th MI

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Glenn S. Anderson

Mailing Address 34300 Park Grove Dr.

City State Zip Code
Westland MI 48185

Purpose of Disbursement
Glenn Anderson, STATE HOUSE 18th MI

Candidate Name
Representa Glenn Anderson

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District: 18

Transaction ID: 31592175

Date of Disbursement

03 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

Glenn Anderson, STATE HOUSE 18th MI

B.

Full Name (Last, First, Middle Initial)

Citizens Supporting Mike Nofs for State Senate

Mailing Address 5420 BECKLEY RD PMB 350

City State Zip Code
BATTLE CREEK MI 49015

Purpose of Disbursement
Mike Nofs, STATE SENATE 19th MI

Candidate Name
Mike Nofs

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31592251

Date of Disbursement

03 / 11 / 2010

Amount of Each Disbursement this Period

5000.00

Mike Nofs, STATE SENATE 19th MI

C.

Full Name (Last, First, Middle Initial)

Randy Richardville for Senate

Mailing Address P.O. Box 1631

City State Zip Code
Monroe MI 48161

Purpose of Disbursement
Randy Richardville, STATE SENATE 17th MI

Candidate Name
Randy Richardville

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31592446

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

Randy Richardville, STATE SENATE 17th MI

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
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| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Cassis for State Senate

Mailing Address 43700 Expo Center Dr.

City State Zip Code
Novi MI 48375

Purpose of Disbursement
Nancy Cassis, STATE SENATE 15th MI

Candidate Name
Representa Nancy Cassis

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31592624

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

450.00

Nancy Cassis, STATE SENATE
15th MI

B.

Full Name (Last, First, Middle Initial)

Supporters of Gary McDowell for State Senator

Mailing Address 10820 Glen Street

City State Zip Code
Rubyard MI 49780

Purpose of Disbursement
Gary McDowell, STATE SENATE 107th MI

Candidate Name
Gary McDowell

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31592696

Date of Disbursement

03 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

Gary McDowell, STATE SENA-
TE 107th MI

C.

Full Name (Last, First, Middle Initial)

Dave Hildenbrand for State Senate

Mailing Address PO Box 1075

City State Zip Code
Grand Rapids MI 49501

Purpose of Disbursement
Dave Hildenbrand, STATE SENATE 29th MI

Candidate Name
Dave Hildenbrand

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2009 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: 31592767

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

500.00

Dave Hildenbrand, STATE
SENATE 29th MI

SUBTOTAL of Disbursements This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of Michigan PAC

A.

Full Name (Last, First, Middle Initial)

Capitol National Bank

Mailing Address 200 Washington Sq.

City
Lansing

State
MI

Zip Code
48933

Purpose of Disbursement
2009 Federal Tax Payment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31593353

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

633.00

2009 Federal Tax Payment

SUBTOTAL of Disbursements This Page (optional)

633.00

TOTAL This Period (last page this line number only)

119094.97